



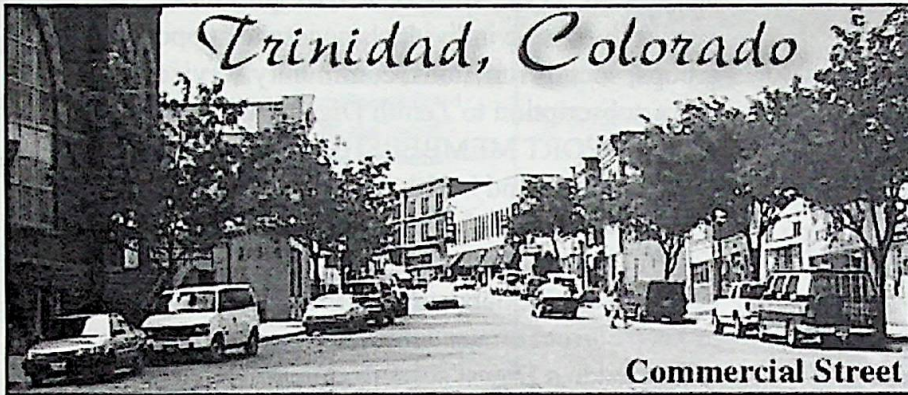
Cynthia Cousens has a new job - page 9

ZENITH

DIGEST

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Vol. 8 No. 2 March - April 2001



Welcome to the sex change capitol of the U.S.A.

"Sex change town" By James Brook,
New York Times

TRINIDAD, Colo. — Perched for the last century on the sandstone facade of the First National Bank building here, three impish gargles have watched the changing foot traffic on Main Street, as this small Plains city reinvented itself again and again.

When cattle was king, this proud building of Romanesque arches was the headquarters of a vast cattle and land empire. When coal was king, the back offices became a health clinic for the United Mine Workers of America. With tourism now the king in Colorado, the former union clinic receives medical travelers from around the world who have come to consult a surgeon who has made this town known as "the sex-change capital of the world."

"It's a boon to business here," Dr. Stanley Biber, 75, said of his specialty. "They come with families, they stay in the hotels, they eat in the restaurants, they buy at the florists."

Biber has performed 3,800 sex-change operations at the 70-bed Mount San Rafael Hospital over almost 30 years. "The transsexual work means the difference between the hospital being in the red or being in the black," he said.

Trinidad boosters wince at the sex-change label, preferring, in one brochure, to promote their town of 10,000 people as "a pocket of peace, plentiful clean air and pure Western Americana." They talk of the year (1882) that Bat Masterson served as town marshal, of modern Trinidad's four museums and of its red-brick Victorian buildings downtown. Indeed, if Ski Mountains were near, this town could be another Aspen or Telluride.

But with the nearby Commanche National Grasslands a tepid tourist attraction, some residents are toying with taking the sex-change industry out of Trinidad's closet. An exhibit on Biber "would be really interesting," said Paula Manini, director of the Trinidad History Museum, adding, "Of course, I am sure other people in the community would think it inappropriate."

Biber came to Trinidad in 1954, fresh from service in Korea in a Mobile Army Surgical Hospital (MASH) unit. He grew up in Iowa and wanted to be a surgeon and a cowboy. So after the Army, he chose Trinidad, on the Purgatoire River, which meanders through 2.5 million acres of range land in Colorado's largest

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Father's sex change does not alter custody - says Ont. court

By Anne Marie Owens, National Post

A father's decision to change his gender from male to female does not constitute a material change in circumstances sufficient to warrant altering a child custody arrangement, an Ontario court has ruled.

The recent ruling sets out the premise in family law that a person's transsexuality is irrelevant on its own as a factor in his or her ability to be a good parent, whom she had lived for three years and had one child, wanted to live his life as a woman and declared himself to be a lesbian.

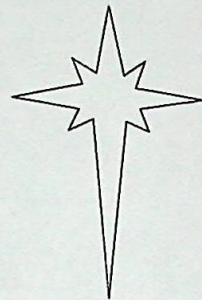
The child's father has officially changed his first name from Howard to Leslie, and altered his appearance to appear as a woman. He lives his life as a woman, although there have been no surgical changes so far to accompany this transition from male to female. Prior to the revelation about transsexuality, the couple had agreed to an equal-time custody arrangement. In custody disputes, any parent seeking a material change in the terms of his or her custody agreement must demonstrate to the court there has been a material affecting the child.

In this case, Justice Theo Wolder, of the Ontario Court of Justice in Brampton, ruled "the applicant's transsexuality, in itself, without further evidence, would not constitute a material change in circumstances, nor would it be considered a negative factor in custody determination."

Joanna Radbord, the Toronto lawyer who defended the father, said the decision could inspire other transsexuals, who often give up fighting for custody because they assume the justice system will be biased against them.

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ZENITH



DIGEST

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March-April 2001

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MAILBAG

Dear Joanne/Editor,

The last issue of the DIGEST (Vol. 8, No.1) does you great credit for excellence in layout and content. You must be wondering what you can do for an encore in the next issue. Seriously though, it was an exceptional number which says much for your talents as an editor and photographer as well as the assistance of Sarah Wilson and Tamara Sate in proof reading. I say this despite the almost embarrassing repetition of my name and the compliments that flowed forth all of which are accepted with thanks and due humility.

Having said that, I should add another compliment. This is to Markus Dohmann whose superb organizing skills brought about the wonderful dinner he put on to honour Pat Diwold and myself. Not only is Markus a skilled organizer, he is also an excellent Master of Ceremonies and a little bit of a showman to boot, with many nice touches from corsages to gifts. I will never forget the gasp that went up when he removed his dinner jacket to reveal a dress shirt underneath which would have looked well at the Mardi Gras.

It was an honour also to share the glory of the evening with dear friend Pat Diwold. I can't think of anyone more appropriate, given the history of Zenith. It was good to see so many old friends there who had made the effort to turn out, not to mention the presence of several clinic staffers, as well as to have my daughter along. It was one evening when the traditional practitioner-client relationship let its hair down and a thoroughly convivial evening resulted, which I'm sure all enjoyed. May there be more in the future.

Well done, Joanne and Markus, you both came through with top honours for jobs well done.

Yours, Stephanie Castle Heal

To Board of the Zenith Foundation:

What a heartwarming event! The memory of the wonderful tribute to Stephanie Castle and myself on January 20 will remain in my heart forever. It was a precious evening full of loving words and appreciation. I have just read the January- February Digest and again feel edified and honored by the kind words of appreciation and understanding of the essence of my involvement with the transsexual population of our clinic and with Zenith Foundation. The signature article by Angelika/Markus Dohmann, the editorial by our cordial editor Joanne McCracken, and the famous Jenny Mars column all talked about Stephanie and myself and the special event, and also made other important comments about devoted effort of many

DYSPHORIA Melissa Tulloch



Our only concern at this point is your Adam's apple."

which have made Zenith's accomplishments over the years including The Digest possible.

Angelika Dohmann, the prime mover with the beautiful heart and spirit, masterminded this event of events. Others contributed in many ways, president Gayle and the board, Christine Burnham, Mary Woo Sims, the lawyer Tom and his wife, and many other individuals by being there and some by speaking as well. It was a champagne-drinking and fiery-coffee affair, and I believe there were some individuals to thank for these things as well. Thank you all.

In the last Digest our editor talked about the "amazing group of people transsexuals are", something she had thought about after learning of the histories, the achievements and the courage in adversity of some, and this conclusion came to her after the Christmas social. It is interesting she came to the same conclusion that I have had for years - so many people who have struggled valiantly for most of their lives and become strong, compassionate, loving and humble in the process, exemplary human beings. My husband, George, came to the Christmas social, and said to me afterward "what a wonderful

group of people" were there. He had wanted to speak at the tribute dinner, but time ran out and so he decided not to say anything. His comment afterward was that, "Since the army days, I have not witnessed such comradeship". From him, a veteran of two wars, that is the ultimate testimonial. It was such a loving, positive, constructive evening, and so many exemplary and dedicated people were there.

Many Clinic staff members were there, my confreres, and I was most grateful. Dr. Watson spoke about the Clinic formation and some of the work of the Clinic. By the end of the evening there developed an awareness and shared feeling, a feeling of Zenith and the transsexual community and the Clinic being close, and again a feeling of comradeship and of having worked together with common purpose and shared spirit for many years.

Throughout the years with Zenith I have attempted to do what I could to support the work of Zenith because I felt it was very important. It must be said that Stephanie Castle has been the prime mover of The Zenith Foundation. Not only was it largely initiated by her vision and

desire to give something, to help make the world a little better than she found it, but also it has been in no small part sustained by her work, her vision and her multiple talents – organizer, teacher, orator, writer, politician, mediator, legal duffer, and businesswoman. Transsexuals are maligned often, by those that do not understand and are not interested enough to learn much about them. Life for transsexuals in B.C. is much easier now than it was ten years ago, the change occurring largely through the efforts of transsexuals themselves working individually or through organizations such as Zenith and Trans Alliance, and the Clinic.

My efforts as Clinic psychologist and as Zenith board member have been motivated by the same mission and that is to be of whatever service I can to help individuals who have gender dysphoria. All of my life, whether Zenith board member or simply a support member of Zenith, whether still Clinic psychologist or not, I will endeavour to help those suffering from gender dysphoria in many ways – helping them to clarify what is going on within them, and if it is necessary that they cross-live then helping them and their close relatives and friends and even employers make necessary adjustments in attitude and understanding. And I will lend my support to initiatives that make their treatment in society fair and equitable. I will insist on the human rights of gender dysphoric and non-gender dysphoric people alike to be treated with understanding, respect and the dignity which is their due.

In conclusion, I want to say, "Thank you Zenith for what you have contributed to my life over the years. Thank you too, to all of the people I work with and for, for allowing me to work with you in exploring your minds and hearts and souls. It has been and is an honor and a privilege to be able to work with you and for you both within Zenith and at the Clinic.

With love and respect to all of you,
Pat Diewold

To the editor, Zenith Digest:

Joanne, you are doing a great job with the digest, which must be a lot of work to put together every two months! I am glad to continue to receive it although I am behind in paying my dues. As soon as I can, I will be a paying member again. On with the letter of comment, it is going to be long

continued on page 16

Editorial

by Joanne McCracken



Zenith Digest in jeopardy.

I write this with mixed feelings. On one hand, I am enjoying the creativity of producing a publication. On the other, I am burning out. The Digest as it is now published takes many hours to produce, especially when it comes to doing the layout.

We are, in fact, an amateur volunteer group trying to produce something that looks professional. But the Digest is not *Time* or *Readers' Digest*. Layouts can only be done in one place, at one time, with one person, and one computer. Giving the proper "look" to a publication is not an easy task, especially for someone like me, who had no expertise at all on the subject. While experts such as Tamara Sale, Christine Burnham, and Diane O'Brien have been helpful, it still befalls on me to put the thing together, and this can be a very time consuming and frustrating exercise.

I think we have lost sight of the fact that the Zenith Foundation is not a professional organization with all sorts of funding and support. We are a very small group of volunteers with very limited funding. The fact that we have produced a quality publication like the Digest with so few resources is quite amazing. The reality of the situation is, in my view, that we can't go on like this forever. Our directorship has been shrinking and our membership is scattered throughout the lower mainland and the rest of the province. During the time I have been a board member we have lost more directors than we have gained. Recently we lost Pat Diewold and Jane Neil, not to mention Tamara Sale and Sarah Wilson last year. We gained one new person in the form of Leslie Stevens, and before that, Angelika Dohmann. At this moment the directorship has shrunk to five members. We may lose more. This being the case, I think we will have to make some changes to our publication, and this will be a topic for discussion at our next board meeting.

On another topic:

We often hear of people being "out" or being "outed". Being "out" is understood as revealing one's transsexual status, and being "outed" means having that status revealed, usually against one's will. The opposite of being "out" is being in "stealth". The word seems to suggest that you are doing something sneaky or illicit. Personally I think those who live in "stealth" are the achievers of the transsexual community and should be congratulated and celebrated for their efforts, not criticized as somehow being "in the closet".

Trying to use these words borrowed from the gay/

lesbian/bi vocabulary is, I think, a bit misleading, because gender identity is such a different issue from sexual orientation. While many gay people seek out their own in order to join a particular community, most trans-people want simply want to join the opposite gender. Sexual orientation is an entirely separate issue. Humankind has two basic genders and many sexual preferences or orientations. Thus trans-people may or may not shift their orientation when they make a gender transition.

Male to female transsexuals (Zenith's target group) have a number of difficult problems to deal with. During the "real life test", M2Fs have to struggle with their appearance. Hormones help soften the angular male body somewhat, but only a bit. They do nothing for facial hair, male baldness, or worst of all, voice. Trying not to look like "a guy in a dress" is a challenge. Surgical procedures are usually not covered, because they are the same procedures used by genetic females for cosmetic reasons. SRS is grudgingly covered by BC and Alberta, but it's a potential political football. The right to have SRS funded is still being fought for in many Canadian jurisdictions.

For many of us, the problem of developing an acceptable female voice is a huge challenge. We can learn how to "look the look" and "walk the walk", but "talk the talk" is a killer. What I have read about feminizing voice surgery does not fill me with optimism, so the alternative is speech therapy. There is nothing easy about retraining your voice. It is frustrating, time consuming, and expensive. (At least it doesn't hurt as much as electrolysis.) It's hard to make your speech sound more feminine without sounding "swishy" or phony. Remember Monty Python and "Spam"?

Those people in our community who have a good acceptance level get understandably nervous if they associate with those who insist on being "out" when their passability is marginal, or they pass, but loudly proclaim their transsexualism for all to hear.

Most M2Fs want to appear in public as women. For them, being "read" can be hurtful and depressing. On the other hand, nothing feels better than being accepted as female, especially in the company of "GGs" (genetic girls).

Why then, after all the sacrifice, pain, grief, expense, and plain hard work of becoming someone that most people will "read" as female, would anyone want to blurt out their trans status for all to see? It's a mystery to me.

Zenith Digest welcomes your comments on transsexual issues and appreciates any feedback you may have on the contents of this publication. Address your submissions to "Letters to the editor" and mail to Box 45006 - 4326 Dunbar St. Vancouver, BC, V6S 2G3, or email to zenithfoundation@hotmail.com

Some Perceptions of Gender Identity Disorder (part 3)

Regular readers of the *Digest* will recall that a few issues ago I started a three part series dealing with gender identity disorder. Part I discussed the definition of gender identity disorder as presented in *The Diagnostic and Statistical Manual of Mental Disorders 4th ed.* Part II discussed the medical profession's guidelines regarding the minimum standards of care transgendered individuals should receive. The guidelines are stated in *The Harry Benjamin Standards of Care (5th ed.)*. This article is Part III where I will discuss different opinions of some members of the transgendered community regarding the treatment and the definition of gender identity disorder.

When I entered the Gender Clinic about ten years ago, I knew little about transsexualism and transvestitism and the words "gender identity disorder", "DSM (IV)" and "Harry Benjamin Standards of Care" were certainly not part of my vocabulary. I suspect this was also true of the other individuals who joined me in the Clinic's Explorers' Group. For us, we were preoccupied with finding out what we could do and should do about the terrible state of confusion we faced. We were concerned also with the effect our condition would and did have on our personal relations with loved ones, friends and on our jobs or careers. For me, I was relieved to be at last in a medical setting with professionals who were experts in the field. I viewed the Clinic staff much as I did my family doctor. They were people who could help me with my psychological needs in a way similar to my doctor looking after my physical needs. Debating the fine points of "gender identity disorder" was not something that interested me. My focus around this topic was completely internal. How do I solve my dilemma? To that end, it seemed completely appropriate for me to put myself in the hands of the Clinic staff. If I had thought about how they should be caring for me and others like me, I would have said that what ever they were doing was the right thing. For me, that faith in the Clinic staff and the treatment I have received has been well justified. They gave me a safe environment to explore my inner-self and helped me to grow in ways that ten years ago I could not have envisioned. For

that I will always be truly thankful.

Not everyone enters a gender clinic the way I did. For that matter, many individuals see no need to enter a clinic. Some people have cross-lived for many years before they come into contact with the medical profession. For them, all their personal issues have been worked out long ago and they are approaching the medical community not for psychological support but rather for hormones and, in some cases, medical authorization for gender re-assignment surgery. Some of these individuals perceive the medical community as being "gatekeepers" who may or may not assist them in their transition. For some, they pass through the "hoops", as they perceive them to be, with little or no difficulty, and proceed to the next step in their journey through life. Others, however, run into difficulty. They become very frustrated or angry with the medical staff, who they perceive as quite unreasonable in terms of meeting their needs and goals. This is where the individual clashes with the "system". That clash, I believe, results in part from the professional requirements placed on the medical community to ensure that any individual they are caring for meets the definition of having "gender identity disorder" as defined in the *DSM (IV)* and has satisfied the minimum standards in *The Standards of Care*.

The medical practitioner at this point is probably concerned with the professional and legal consequences of a wrong diagnosis. As a case in point, I have just finished reading a very sad e-mail from a couple in another country who may wish to bring legal action against their doctor who, in the couple's opinion, misdiagnosed the wife as being a F to M transsexual. Evidently the doctor prescribed male hormones and recommended surgery. After following this advice, the couple has come to the decision that the wife was misdiagnosed and she is once again living as a woman.

Obviously, I am unaware of the truth of their claim. Whether the medical practitioner or the individual who allowed her self to go through these changes is at fault, I suspect only a court of law will be able to decide. Regardless, I see this as a real tragedy. I see such issues as a lesson for both

President's Notes

by Gayle Roberts



the medical and transsexual communities as to the irreversible consequences of poor decision making - no matter which side makes them. This type of concern is, I suspect, at the heart of many medical decisions regarding client care. We as clients must be patient with what we sometimes perceive as slow progress. Perhaps we need to determine if our caregivers perceive us as having issues other than gender identity disorder in our lives and, if so, what we need to do about them and how they will affect our transition. Caregivers also need to be sensitive to the frustrations that their clients can sometimes experience. In such cases, it is probably desirable for the client to get a second (or third?) opinion as to the best pace for his or her transition. (Assuming other informed independent opinion is available in the client's community.)

Now that I have sorted out my own issues around gender identity disorder, I believe I am in a little better position to step back and look at all of this from a greater distance. Some of us in the TS community find the expression "gender identity disorder" as being undesirable. In earlier issues of the *DSM*, homosexuality was listed as a "mental disorder". Nowadays, this has been dropped from the *DSM (IV)*. Homosexuality today is not seen as a "disorder". Instead, a homosexual individual is seen to have a "problem" only if he or she is unable to accept or come to terms with being homosexual.

Many of us wish to see "gender identity disorder" dropped in a similar way. Hopefully, the medical community will recognize in future editions of the *DSM* that it is "normal" for some human beings in a society to perceive their gender identity as being different from that of their physical sexual identity. Then, the medical community, in the area of gender identity, would see its role as supporting those who need help in coming to terms with their gender identity and assisting those individuals who wish to transition. If this occurred, we would not be seen as having a "disorder", but rather as being part of the very broad continuum of gender identities exhibited in society

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Sex change town (from page one)

county, Las Animas.

As the coal mines played out, Biber's medical practice with mining families shrank. In 1969, he stumbled on a new line of work. A social worker, whom Biber knew as a woman, but in fact was a man, asked the surgeon if he could perform a sex-

nonprofit International Foundation for Gender Education in Waltham, Mass. Since George Jorgensen became Christine in a 1952 operation in Denmark, an estimated 25,000 Americans have had sex-changing surgery.

Marsha Botzer, a Seattle counselor of transsexuals, who came here for sex-change surgery in 1981, recalled a friend who arrived clutching Biber's fee in small bills in a paper bag. Biber now charges about \$11,000 for the procedure.

"Stan Biber certainly was a pioneer," Dr. Eugene Schrang, one of a handful of American surgeons specializing in sex-change operations, said from his clinic in Wisconsin. "He probably has done more operations than anyone else in the field."

Through the early 1980s, when few surgeons would perform the operations, about two-thirds of the nation's sex-change surgeries were done at Mount San Rafael Hospital, which became a private nonprofit hospital in 1972. In the 1970s, unfavorable publicity about Biber and the procedure led him and other surgeons to draw up guidelines to eliminate sex-change surgery on demand.

Most candidates now must go through two psychiatric evaluations, live and dress in their new role for at least a year, and

undergo nine months of hormone treatments — testosterone for women and estrogen for men.

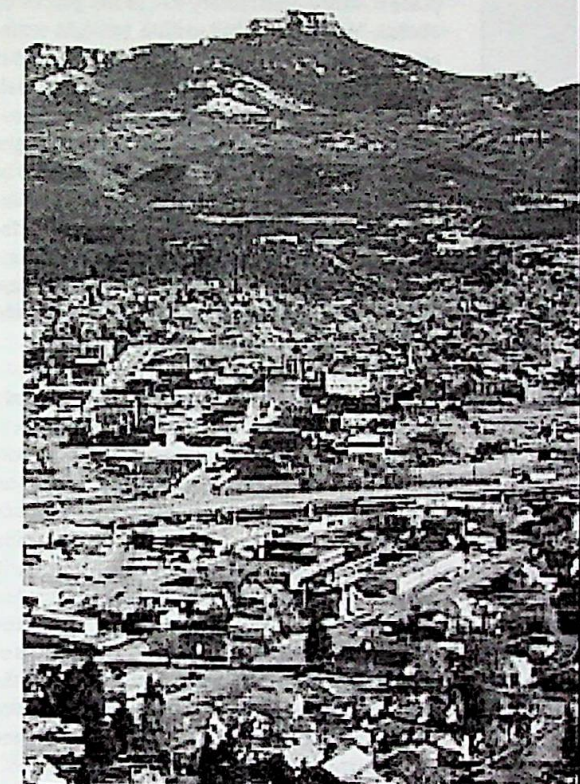
"Stan Biber certainly was a pioneer,.....He probably has done more operations than anyone else in the field."

The surgeon said that only three of his 3,800 patients, all men, had been so unhappy in their new sex that they insisted on switching back. In recent years, he said, there has been a major shift in the sex of his patients, from overwhelmingly male to 50-50 today.

Biber lives on a ranch east of town where he and his wife reared nine children, and he keeps the hospital open despite a 50 percent population drop since the 1950s. As Trinidad's general surgeon for almost half a century, Biber has performed conventional surgeries on many of the town's residents.

"Dr. Biber's everybody's friend. Everybody knows him," said Janet Scott, a volunteer at the A. R. Museum of Western Art. "A lot of people begrudge him for making Trinidad, you know, the sex-change capital of the world. But I think he does a lot of good. Those people are very troubled."

Now, as sex-change surgery becomes more mainstream, Biber is cutting back to one surgery a week from three, and younger surgeons are building practices in Detroit, Montreal and Portland.



change operation.

With the confidence of a war surgeon, and with drawings obtained from a Baltimore sex-change surgeon, Biber removed the man's penis in an operation known as a penectomy. Soon, Biber's new practice was booming from word-of-mouth referrals.

"When I did the first sex changes, we kept the patient charts in the administrator's safe," Biber recalled. "Then we realized we had to bring the local people into it."

Meeting local religious leaders, Biber lectured about what doctors now call "gender dysphoria" — the condition of a person who feels trapped in the body of the wrong sex. From 50,000 to 75,000 people live as transsexuals, or opposite from the sex they were at birth, said Nancy Nangaroni, executive director of the

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Tripping the Light Fantastic:

Staying Sane and Whole While in Transition

by Dallas Denny

Sex reassignment is one of the most radical and disruptive things that an individual can do. It strains and often severs social relationships, imposes economic hardships, involves a good deal of physical pain and a great deal of psychic pain, and requires study and hard work in order to even begin to hope to pass in the gender of choice. Transition must be pursued in the face of the general disapproval of society and the specific disapproval of loved ones, the reluctance of the medical community to provide services, a scarcity of resources, and countless legal and social obstacles. The body of one sex must be somehow whipped into the semblance of that of the opposite sex, generally after puberty has wreaked irreversible somatic changes. Old behavioral patterns must be unlearned and new ones added. A new life must replace the old.

The transsexual person runs a gamut of obstacles, with no guarantees of success. Indeed, probably fewer than ten percent of those who set out to change their gender succeed in doing so. And yet, tens of thousands of people are happily and successfully working and living in the new gender. Transition is possible. It can be done. It just can't be done without disruption and sacrifice and hard work. It can't be done without stubborn determination. It can't be done without money. It can't be done in the absence of support, and it can't be done without pain.

My crossdressing friends tell me that the transsexual people they know are no fun: "They whine all the time. They're preoccupied with their problems and their bodies. They need to lighten up." To them I say, "Please appreciate the tremendous pressures that these people are experiencing. Please understand that every aspect of their lives is affected by their decision to change gender, and that they must become somewhat self-absorbed in order to prevail against odds which are nearly insurmountable." And to those who are in transition, I say, "Lighten up!" I don't have the space in this article to point out all the potential hazards in the mine field of transition. An encyclopedia isn't big enough. You'll have to look elsewhere for that. I do have some strategies and approaches that may be of help. Here they are:

1. *Keep Your Sense of Humor (and if you don't have one, cultivate one).* You will only be as unhappy as you allow yourself to be. You can plod miserably along, or you can enjoy yourself. You can find humor in the ludicrous situations you will find yourself in and the things people will say which have a whole different

meaning because of your gender status. Those you meet along the route will prove amusing, if you allow them to be. They will be your comrades in arms, and some of them will become

"The transsexual person runs a gamut of obstacles, with no guarantee of success."

your friends. If you approach transition with a sense of wonder and awe, your experiences will be more pleasurable than they will be if you inject fear and guilt. Yes, it'll be damn difficult, but you can still have a good time. Being miserable and depressed does not make for a good prognosis.

2. *Don't Allow Transsexuality to Become Your Entire Life.* You shouldn't go through transition as if you were Ahab in pursuit of the White Whale. Ahab needed to get a life, and so do you. You mustn't defer your entire existence in anticipation of a hypothesized bliss once you jump genders. An empty life in the gender of original assignment will probably become an empty life in the gender of choice. Reassignment will not solve your problems; you'll still have the same troubles, but in a different gender. You would do well to have life goals other than transition. You should cultivate friends and interests outside the gender community.

3. *Keep Your Perspective.* You must not allow your transsexualism to become a fantasy or a fetish. As my friend Rachel has said, "You must weave reality back into the fabric." Don't place undue weight on reassignment surgery; it won't magically transform you into a man or a woman. You should at all times know where you are and where you are going, and this should be firmly grounded in reality. You must come to terms with your physical and behavioral assets and liabilities and incorporate them into an emerging identity. You must have realistic

ideas about the social roles of men and women, and what sort of man or woman you want to be. Remember that transition is a process—a becoming, if you will. You will be gradually changing. You won't just wake up one morning and find that you are magically different.

4. *Don't Box Yourself In.* You must somehow keep functioning. If you prematurely dismantle your old life, you will be unable to replace it with a satisfactory life in the gender of choice. You will be left with a twilight existence, an identification as a transsexual. And if this negatively impacts your earning potential, you can get stuck, unable to complete the procedures which will produce the bodily changes necessary to successfully pass in the gender of choice (for instance, electrolysis for the male-to-female; reduction mammoplasty for the female-to-male). You must maintain as much support as possible. You should know that in some cases that may mean clinging onto your old identity a little bit longer.

5. *Let Go of Your Crutches.* As your body changes, it will become less difficult to pass. You should rely less on contrivance and incorporate your natural aspects into your presentation. This may mean using your own hair instead of a wig, doing away with padding, and using less makeup. Or it may mean using your birth name, if it has a chance of working, instead of an idealized feminine name. It may mean becoming comfortable with interests or aspects of your personality that aren't a good "fit" in the gender of choice. But whatever you're perceived shortcomings are, you will need to face and come to terms with them and let them go.

6. *Sacrifice and Promise.* Being in transition will cause big changes in your life. You must be prepared to meet all challenges and to give your trans-

".....reassignment surgery..... won't magically transform you into a man or a woman."

sexualism a high priority. You'll be deluding yourself if you think you can maintain your previous standard of living in the face of bills from psychologists, endocrinologists, electrologists, and plastic surgeons. You must maintain your pace. If you delay procedures such as hormonal therapy because of lack of money or time, or for other reasons, your transition will eventually be delayed. And here I will insert a caveat for the male-to-female transsexual person: Don't put off electroly-

"One is not born a woman, one becomes one."

Simone de Beauvoir

sis. You'll be sorry if you do. Once you are living in the gender of choice, it will nearly impossible to bring yourself to grow the hair long enough for the operator to grasp it with her tweezers. And passing will be at best a struggle, and quite likely impossible, until the hair on your face is gone or at least appreciably diminished.

7. *Be A Good Consumer.* You must at all times act with discretion and proper respect for your body. You should not act out of desperation. Although services can be difficult to obtain, they are available. You will minimize your chances of failure if you use competent service providers. Otherwise you will risk delays in obtaining diagnosis (and hence hormones), a regimen of hormones inadequate to masculinize or feminize you, and even botched surgery. You have only one shot at transition, and it is decidedly in your best interest to proceed with reasonable precautions and care, making sure that your doctors know what they are doing.

8. *Join a Support Group.* It will be to your advantage to find your peers. Support groups can educate you, assist you with referrals, and help you to perfect a masculine or feminine appearance. You will probably make friends with other group members. But more importantly, you will see your peers in action, making decisions both good and bad. By observing them, and by talking with them, you can learn strategies for coping and avoid pitfalls.

9. *Follow the Benjamin Standards of Care.* The Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc., are guidelines to safeguard transsexual people and those who provide services for them. Many transsexual people see them as obstacles to be overcome, and so they are. But by following the Standards of Care, you will minimize your chances of failing in your transition, and maximize your chances of surviving failure, if it does occur. The Standards will let you opt out anywhere short of reassignment surgery. The best of transitions will be painful. The worst do not even bear thinking about. You should not expect a perfect experience, but by exercising common sense and foresight, you will minimize disruption and conflict, and have a smoother ride.

Transsexual ex-cop becomes police instructor

By Tom Godfrey, Toronto Sun.



Toronto Police's first transsexual cop, Cynthia Cousens, has embarked on a second career as a lecturer on sex-related issues to officers and groups across the province. Cousens, formerly known as Peter, 50, worked for 28 years with the force's mounted, traffic units and 14 Division before retiring last year. She lectured on domestic violence and sex issues to dozens of senior RCMP, OPP and military police from across the country last month at the Ontario Police College in Aylmer. "These senior officials are in charge of instructing officers across the province," Cousens said Friday. "As a former cop, I am in a unique position to talk to police." College officials said Cousens' lectures may be a regular part of police training at the school. "I think it might be the first time a transsexual officer lectured on something that before now was far too sensitive," Cousens said. She will undergo a sex-change operation in August.

Editor's note: Cynthia was featured last year in a two part CBC news documentary about the CliniqueDe St. Joseph in Montreal, where Dr. Yvon Menard performed SRS on her friend Sylvia (Canada's first TS soldier). She was kind enough to send us her latest photos. Cynthia "came out" at her retirement banquet - something I never had enough nerve to do, although I fantasized about it.
-Ed.

Star Maris – a Proud Life

By Alain Beaugrand

One never forgets seeing a shooting star blaze brilliantly through the sky. One's life is usually forever marked by the event. Such was the case for me with the sudden passing of Star Maris on Friday, Feb. 2nd.

Star was my friend, lover, and partner and I miss her more than mere words can describe. At six feet tall, and topped with a mane of blonde hair, her long sleek body and blood red nails made her a striking beauty.

She was a transgendered woman who knew more about being a woman than most of the women I have known. She possessed a razor sharp wit and was not afraid to speak her mind. This openness and her looks made her intimidating to most but those who had the courage to get to know her found a unique and intriguing being.

She was also a brilliant writer, performer, singer, songwriter - her song, "I'm not a fucking drag queen" was prominently featured in the film *Better than Chocolate* - and a virtuoso violinist. She performed her play, *The Last Sunrise*, at last year's fringe festival and received a glowing review from the Georgia Straight.

Due to the betrayal, cruelty, and judgements of others, she never got her proper due in the limelight, but her talent blazed bright anyway.

Star Maris was a courageous warrior who fought, on a daily basis, the ignorance and prejudice of those who do not understand the difficult road a transgendered person has to travel in life and the quest for recognition of their value as a human being with equal rights.

In the end, the battle was too much, even for one as strong as she was.

Xtra West

Transgendered scholars defy convention

Seeking to be heard and seen in academe A growing movement demands protection in anti-bias policies and attention for their ideas

First published by The Chronicle of Higher Education, Inc. in 1998 By ROBIN WILSON WASHINGTON

Before he delivers a lecture on gender identity to his philosophy class this semester, Michael A. Gilbert must decide what to wear. Most likely, he will put on a knee-length skirt, a long-sleeved blouse, and low pumps. Standing before a mirror at home, he'll fix his wig and apply some makeup be-



Michael Gilbert

fore heading out the door.

Professor Gilbert is a cross-dresser who teaches philosophy at York University, in Ontario. When he appears in drag this semester, it will be the second time that he has introduced students in his "Gender and Sexuality" course to a side of himself that he had kept hidden for nearly 50 years. "Having tenure is a two-edged sword," he says. "It means I can't be fired. But when it's appropriate, it's also incumbent upon me to take a risk and stick my neck out. My main goal is to provide an openness for transgendered people."

Dr. Gilbert is among a growing cadre of "trans" people on campuses who are going public. Organizations for gay, lesbian, and bisexual students have already begun tacking a "T" on the end of their names to embrace "transgendered" or "transsexual" students. In the past year, students and professors have also pushed universities to extend protection to transgendered people under policies that prevent discrimination against minorities.

What's more, work by transgendered scholars is making transgender studies a hot new topic. One of the most important contributions to the field, a transgender issue of GLQ: A

Journal of Lesbian and Gay Studies, edited by Susan Stryker, is due out next month from Duke University Press. A flurry of other publications on the topic is expected this spring and summer, and transsexual academics have started an electronic mailing list on the subject. (Those interested in joining the list, called "transacademic," can send an e-mail message to mailbase@mailbase.ac.uk)

"We are pioneering a new field of scholarship," says Dr. Stryker, an independent scholar, who changed from male to female in 1991, a year before earning her Ph.D. in history from the University of California at Berkeley. "This whole area is going to become an increasingly big social concern over the next decade."

Despite its growing visibility, most people still need help in navigating the world of transgenderism. The label "transsexual" typically is reserved for people who have had at least some sex-change surgery and who take at hormones to further the change. "Transgendered" is a catchall term that is used to refer to people who live as the opposite sex, whether or not they have had sex-change surgery. The description encompasses cross-dressers, also known as transvestites, and is used by some lesbians and gay men to describe themselves.

Transgendered people are gaining attention, but their numbers are still small. Only about .025 per cent of Americans identify themselves as transsexual, and about 2 per cent of Americans consider themselves transgendered, says a non-profit group, the International Foundation for Gender Education, in Waltham, Mass.

Having a sex change is a deeply personal matter, but several transsexual academics spoke freely about the experience for this article. Most of them told of being well received on their

campuses after they changed gender.

C. Jacob Hale chose to become a man and sought tenure on California State University's Northridge campus in the same year. The timing was risky. But Dr. Hale, a professor of philosophy, didn't want to wait. "I could not imagine going through my tenure review and then telling my colleagues, 'Guess what? There's something I forgot to tell you,'" says Dr. Hale, who made the decision to change sex in 1995. But the professor did feel vulnerable. "I was very afraid of losing my academic career," he says. "What else do philosophers do?"

The first thing Dr. Hale did after announcing that she would become a man was to buzz-cut her bleached-blond hair. Dr. Hale also began taking male hormones and had her breasts removed, but has stopped short of genital surgery. Dr. Hale's sexual transition has caused a transformation in his scholarly interests. The professor began at Northridge studying the philosophy of science and mathematics. Now he works at the intersection of feminist theory, queer theory, and transgender theory. Near the top of a list of publications on his curriculum vitae is a paper called "Leatherdyke Boys and Their Daddies: How to Have Sex Without Women or Men." Holly Devor, a professor of sociology at the University of Victoria, in British Columbia, and a lesbian, has just published a 700-page book called FTM: Female-to-Male Transsexuals in Society (Indiana University Press), which tells the personal stories of 45 transsexuals, with excerpts from their own accounts.

Second Skin: Body Narratives of Transsexuals, by Jay Prosser, a transsexual professor at the University of Leicester, in England, will be published by Columbia University Press in June; it features photographs of transsexuals' physiques. Henry S. Rubin, a transsexual lecturer in social studies at Harvard University, is expecting to finish a book this summer tentatively called The Subject Matters: FTM Subjectivity and Embodiment, to be published by the University of Chicago Press.

It comes as no surprise that some people have problems with such lines of research. Bradford Wilson, executive director of the traditionalist National Association of Scholars, says he objects to any group of people's studying themselves and calling it scholarship. "When one chooses one's research subjects as a means of affirming one's difference, I think that one runs the risk of distorting the scholarly enterprise," he says. "This is not necessarily scholarly. It's political." But Dr. Rubin



C. Jacob Hale

says it is not unusual for scholars in any field to write about their own experiences. "To claim that we're skewing our scholarship because we're writing from a position fails to recognize that everybody is similarly situated," says Dr. Rubin, who landed a coveted lecturer's job at Harvard in 1991 while he was still a woman, completing a Ph.D at Brandeis University. Dr. Rubin made his sexual transition, without any problems, four years after he arrived at Harvard, he says.

Deirdre N. McCloskey is one faculty member who hasn't made her transsexualism the subject of her study — at least not yet. She continues to work on the same questions about the economy that interested her when she was Donald McCloskey. But her writing is now self-consciously female. Donald had been well known for his pointed challenges to the basic assumptions that economists make. Dr. McCloskey, who began making the change to Deirdre two years ago, still poses such challenges. But now she frequently refers to herself as "Aunt Deirdre" in tweaking the predominantly male profession. In her first book as a female author, Deirdre McCloskey takes her colleagues to task for what she sees as their overreliance on theory and statistics to explain human behavior. Donald did that, too. But unlike Donald's work, Deirdre's book, published last year by Amsterdam University Press, is full of references to gender. "There's a woman's point here," she writes in one chapter of *The Vices of Economists: The Virtues of the Bourgeoisie*. She acknowledges that not everyone approves of her interpretation of what it means to be a woman. "Red flags go up when you speak of thinking like a woman, but that's what I do," she says. "The crucial point is that it's not because I've consulted page 35 of the manual on how to be a girl. It seems to come from inside."

Like Dr. McCloskey, Michelle Stanton also talks about noticing "a softening in body and perceptions" since she changed from male to female in 1992. As a man, Dr. Stanton was professor at Northridge, drawn to the technologi-



Deirdre McCloskey

cal side of television and film production. She says her research changed after she became a woman. He wrote several articles for the journal of the Society of Motion Picture and Television Engineers. But after becoming a woman, says Dr. Stanton, "I never wrote for them again." She explains: "In the production side, you're involved in physical activity, moving sets, pushing cameras. I didn't want to do that anymore."

Now her research and teaching concern the marketing and advertising aspects of the entertainment industry, fields she calls "more people-oriented." Most of the transgendered professors interviewed for this article describe their transitions on campus as uneventful. Dr. Stanton even calls hers "tranquil." Universities, particularly large research institutions, are known for being tolerant places and may therefore be among the most comfortable venues for someone undergoing a sex change.

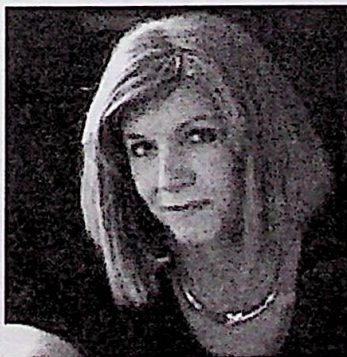
Even Valerie J. Harvey, a professor of computer and information systems at Robert Morris College, a small liberal-arts institution in Pennsylvania, underwent a change from male to female in 1996 without a hitch. Jo Ann M. Sipple, vice-president for academic and student affairs at the college, acknowledges that some of Dr. Harvey's

colleagues found the experience "unnerving." But officials were more concerned about how students would react. "We have a fairly conservative student population, and I thought maybe some of them would object on moral or religious grounds," recalls Ms. Sipple. The college had counselors on hand to help students cope when Dr. Harvey announced the change. "But," the administrator recalls, "there were no complaints."

For Wynd D. Harris, a professor of marketing and international business at Quinnipiac College, the transition has not been that easy. The professor changed names from William to Wynd last May, and in August asked to be recognized as female. But the college balked. Dr. Harris had been taking hormones but had not yet had genital surgery when he requested the change. The university asked for proof that the professor was a woman. "They told me I had to have a physical exam," recalls Dr. Harris. The professor refused. In October, the college suspended Dr. Harris and started termination proceedings against her. Pat Smith, a spokesman for Quinnipiac, says Dr. Harris made a series of requests that have troubled the college. First, he says, the professor asked to be recognized as Jewish (he had been a Protestant), then he wanted to be considered American Indian, and then he wanted to be called a woman. Nonetheless, a committee of faculty members voted nine to one last month, with one abstention, to retain Professor Harris. Now the provost must decide what to do. In the meantime, Dr. Harris has had sex-change surgery and led a campaign at Rutgers U. for protection for the transgendered. To head off situations like one facing Dr. Harris, some transsexuals are pushing for administrative protection from discrimination. The effort isn't widespread, but it is happening at some prominent institutions.

The University of Iowa has already adopted a policy that protects people from discrimination based on their "gender identity." Ben Singer, a graduate student in English who had sex-change surgery in 1995-96, has pushed for a similar policy at Rutgers University. He says his adviser became angry when he told her he was having a sex change. "As a feminist, her perception was that I was giving up my womanhood," recalls Mr. Singer. He decided to lobby the university to make things easier for people like him. Last month, the executive vice-president at Rutgers directed administrators to provide protection for "people who have changed sex or who are in the process of chang-

continued overleaf



Michelle Stanton

This could have been a class about Celtic roots, but it wasn't

ing their sex." But Mr. Singer says he objects to the plan because it ignores transgendered people who may have no intention of having sex-change surgery.

The Transgender Task Force, a small group of students at Harvard University, has persuaded the student Undergraduate Council there to add "gender identity or expression" to the list of protected categories in the council's policy against discrimination. The U. of Iowa, is now going on to ask that the entire university change its non-discrimination policy, but administrators are trying to put the brakes on the effort.

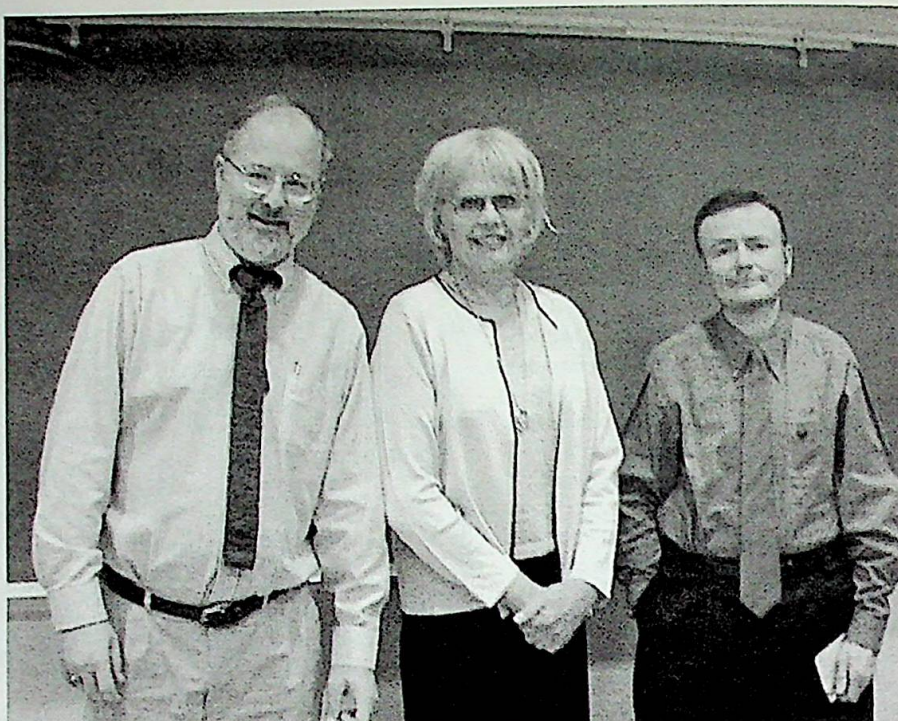
"I advised the students that this was a matter about which there was not a great deal of information or understanding," says Harry R. Lewis, dean of Harvard College. "I thought their job was initially to educate the community." Harvard may already be doing a good job of educating people about the issue, whether it realizes it or not. Last year, it began allowing Alex S. Myers, a transgendered student who dresses like a man but is bio-



Ben Singer

logically a woman, to live on an all-male floor of a campus dormitory. Mr. Myers, who is part of the Transgender Task Force, is among a group of transgendered people who don't take hormones or undergo genital surgery, and don't plan to. "There is a contingent of younger people who see that you can live as transgendered without having surgery," says Mr. Myers, who wears his hair slicked back and speaks in a tenor voice. "The reason I pass as a man has nothing to do with my genetics and everything to do with society. Gender is completely different now than it was 20 years ago."

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Dr. Ponzetti, Joanne McCracken, and Gareth Llewelyn at UBC

With names like Llewelyn and McCracken, Gareth and I could have been delving into our respective Welsh and Ulster Scots backgrounds. We could have gone on about the similarities and differences of these two groups. I'm sure there are some interesting stories to be told. As it turned out though, we were talking to the class of 150 students about transsexuality. (There are actually 200 enrolled, but it was a morning lecture.) Rather than load them down with statistics and research data, we mainly told them about our personal histories and life experiences.

Dr. J. Ponzetti and Dr. J. Crignan teach a second year class at UBC called "Human Sexuality". Some students may have thought this might be a cushy course, cushy that is, until they saw the textbook. It's a big one filled with illustrations and a lot of fine print. Despite this, the classes are usually full. Gareth and I were particularly amused by a photograph in the book of a surgically constructed penis. It was quite huge, and would have been suitable perhaps for someone who was going into the porn industry. There was also the obligatory picture of a boob job, which I thought was a bit on the large side as well.

As we each related our past experiences and feelings, we were amazed at how similar they were despite the fact that we had gone in opposite gender directions. We both talked about a common feeling of being out of place among our peers, of having to try hard to meet gender expectations, of covering up things by hyperfeminine or hypermasculine behavior. While we both succeeded in hiding our dysphoria as we grew up, that misplaced feeling never went away for very long. After many years we had finally decided to take action.

We quickly got over the fact that we were sitting on stage in a large lecture theatre as the students began to ask questions and initiate discussion. Our allotted 55 minutes were over before we knew it. The questions students asked were not just intellectual, but reflected empathy for what people such as Gareth and I have to go through. They said they never would have suspected we were TS if they hadn't been told as much. (Comments like that always make my day.)

"Desafinado" is the title of one of Antonio Carlos Jobim's best loved songs. It means "slightly out of tune" in Brazilian Portuguese. Gareth and I both agreed that the word describes how a gender dysphoric person feels before transition.

Since it is highly unlikely we will ever meet any of these students again, we both felt it was worth risking our anonymity a bit to foster some enlightenment about gender dysphoria. It is our hope that talks like this will help people realize that transsexuals are regular folks, and not freaks.

Distinction between TS and TV is not a simple matter

(More letters to the editor:)

Dear Joanne:

Stephanie has just brought around the newest copy of *Zenith*; excellent again. I read with interest the piece entitled "Do hormones help discriminate between TS from TV? - a dialogue with Jennifer Reitz". I would like to comment.

The relationship between hormones and gender identity is significantly more complex than described in Jennifer Reitz's reply. While Ms. Reitz's reply may describe the reality for some individuals, she may have also inadvertently given the impression that individual's life histories, the cause of the transgendered behavior, and effects of hormones can easily distinguish transvestites from transsexuals, and that there is a reliable kind of pharmacological response test that distinguishes transvestites from transsexuals. If only it were so clear.

It was once thought that transvestitism and transsexualism were quite different phenomena, poles apart psychologically, and easily distinguished, primarily by eroticism and internal sense of gender identity. Indeed, this distinction seems obvious when we compare most early-onset, high-intensity transsexuals to most non-conflicted, episodic cross-dressers.

Many cross-dressers do so because they find it erotic. Furthermore, they accept and even enjoy this erotic aspect. Many cross-dressers have little conflict about their sexualization of women's clothing (or in a related phenomenon, the sexualization of an image of themselves as female). Many cross-dressers have no confusion about their gender identity as consistent with their anatomical sex.

Indeed, early-onset, high intensity transsexuals usually give a completely life history than transvestites, and in many aspects appear worlds apart from the, casual cross-dresser. These transsexuals, practically speaking, never develop a male persona. For early-onset transsexuals, female clothes (and male clothes, for that matter) have no special significance.

However, most people who present to gender clinics have histories less clear-cut than these two extremes. Many transvestites have a history reminiscent of some transsexuals: they have long (if intermittently) fantasized about being full-time females, they wondered if they

would become female when they were children, and show a heightened interest in female activities in childhood. Conversely, many M to F's that later come to label themselves as transsexual, and who eventually come to see transition as a necessity, engage in decades of highly sexualized cross-dressing, primarily male self-identification, and stereotypically masculine behaviors before considering transition.

There are other males that cross-dress who deny sexual arousal with cross-dressing, yet experience a painful split: they see their male persona entirely as drab, insecure, duty-bound, unappealing - and their female side as wholly the opposite: vivacious, confident, spontaneous. These individuals place great significance on the female clothing, since without the clothes it is difficult for them to access the positive feelings of their female persona. This relationship to the clothing appears in large part to be fetishistic, but not sexual. Many older M to F's

"..... many M to F's that later come to label themselves as transsexual, and who eventually come to see transition as a necessity, engage in decades of highly sexualized cross-dressing, primarily male self-identification, and stereotypically masculine behaviors before considering transition."

(and many older TV's) who approach the gender clinic have this kind of history.

Also, many patients have a strong investment in seeing themselves as transsexual rather than transvestite. Some gender dysphoric patients see transsexualism as morally acceptable, but view transvestitism as a sexual perversion. Some individuals later come to identify shame and guilt about their sexual interests as a factor in their desire to change gender.

The list is practically endless. Some patients that present to us seeking transition are less interested in transition than in obliterating their genitals. Some are primarily interested in sensualizing their body by feminizing it. Some want to be removed from the perceived expectations of their natal gender role. Some primarily seek release from unacceptable feelings of sexual lust. Some see transition as their only path to parental approval; or romantic love. All these persons, with such diverse motivations, may perceive gender change as the only accept-

able solution to their distress.

I mention all these elements to show just how murky the distinctions are within a very broad group of individuals who cross-dress, and who may want hormones, surgery, and/or gender transition.

Also in her reply, Jennifer Reitz considers it possible to distinguish transvestites from transsexuals by causation: "transvestism is learned, transsexuality is inborn." However, no reliable anatomical, hormonal or genetic differences have been found to distinguish transsexuals from non-transsexuals despite years of research. Transsexualism as an inborn trait remains a speculative theory, not an established truth, and there is currently no firm basis to presume that transsexualism and transvestism can be identified by differing causes.

Finally, the attempt to self-diagnose oneself as transsexual or not based on hormone response is perilous. For instance, if hormones reduce the intensity of an unpleasant drive, a patient would indeed feel more calm and relaxed on these medications. (in fact, female hormones have long been used to treat genetic males with compulsive sexual behavior, and the patients are usually delighted with the effect.)

As well, hormones don't affect just the physical form. By their very nature, sex hormones modify the way we see the world and ourselves. Estrogens and antiandrogens, for instance, can suppress aspects of masculine-associated thinking - but does that mean that these lifelong styles have stopped being part of the person's core personality? Will the rapid psychological relief that hormones provide be sustained indefinitely? Sometimes not, in our experience. Also, can hormones reveal hidden transsexualism that has been suppressed (or previously thought to be transvestism), or resolve ambivalence or internal doubts? This cannot be confidently assumed. Every case is different.

Some people clearly benefit from transition; some just as clearly do not. An increasing number of individuals successfully integrate even intense cross-gender feelings without resorting to hormones and surgery. There is no substitute for an extended period of self-exploration with an experienced professional prior to considering gender transition.

Blaine Beemer RN
Zenith member

As one of those "late blooming" TS people, I concur. I hope this will help clarify things for some of our readers. Thankyou, Blaine. Ed.

NEWS BRIEFS

Nigerian plans return to women's team after sex change operation

By Samm Audu, Agence France Presse
February 23, 2001

Lagos, Nigeria — A Nigerian woman player forced out of the team after reports questioned her gender is pinning her hopes of a return to soccer on a painful operation. Three years ago, Iyabo Abade, 23, was the top scorer in Nigeria's women's league, netting 30 goals a season, and was selected for the national squad. Her goal-scoring prowess had won her admiration from the fans. But suspicions about her gender led to a confrontation with teammates and a tearful 'confession' in a national newspaper that, while a fully formed female, she also has an adam's apple and small male genitals. Acknowledging her "painful" situation, Abade insists she wants to play but only for a female team.

"I'm a woman and I want to play where I belong," told AFP in an interview here this week. Thrown out of football since 1998, she has not played professionally since but is now back in the game coaching a female team.

Born in a village in old Bendel State in southeast Nigeria, Abade was raised a girl and is a woman "in every way, just with a difference," she said. However, she accepts that if she is to return to football, she needs an operation, she told AFP. "I am told it will cost about \$20,000 ... I want to do the operation but I cannot do it here in Nigeria because I don't want to risk my life. I prefer to do it overseas." Somebody has actually discussed with a hospital in the United States where they can do it successfully," she said, adding so far she had raised over \$2,000, with some of that money coming from players in the men's national team.

Abade said that if she can have the operation, she aspires to become the best female player in the world. "Nobody should write me off. My problem is only a temporary set-back," Abade said.

Brimming with confidence, she said that if allowed to play she would have outshone stars like Mia Hamm of the United States at the 1999 Women's World Cup.

"But for my problem, I would have been the one the whole world would be talking about. Who is Mia Hamm? I would have been number one," she said. Nigerian sports journalist Bassey Ekpo said Abade certainly had talent, and if able to get an operation, could still be a force to reckon with.

"She's truly world class. She is so talented that on her own she can win a match for her team," he said.

Abade compared her predicament to that of another Nigerian, Arsenal star Nwankwo Kanu, made a dramatic comeback to the game after he was diagnosed in 1996 to have a life-threatening heart ailment.

"Kanu came off the operating theater table to be voted the best player in Africa. I will be back too in a very big way because football is my life," she said.

Human rights overhaul will take time. Federal government going slowly with recommendations

Kathryn May, Ottawa Citizen
December 2000

The expert panel reviewing Canada's human-rights act called for such massive and radical changes to the 25-year-old law that advocates worry the federal government may not deal with the reforms at all. The panel, headed by former Supreme Court justice Gerard La Forest, came up with 165 recommendations that virtually remakes Canada's human-rights system — from how a case is handled to what should be protected as a human right. "Our concern with La Forest's report is that it is such a radical overhaul that it just may go nowhere," said Rubin Friedman, president of the National Capital Alliance of Race Relations. Indeed, the Chretien government appears to be in no hurry to deal with the proposed reforms and has set no timetable.

The Justice department is studying the recommendations, including their cost, and is planning to consult with other departments and the public before deciding on any changes. Any would-be reforms could go to a parliamentary committee for hearings. The review, however, comes at a time when human rights, especially gender issues, don't even register on the public's radar screen. "The urgency and immediacy of human rights doesn't exist any more, but it's a huge mistake for Canadians to think discrimination is not happening in this country because it does and we need to get at the systemic and discriminatory practices that are rife throughout the system," said Steve Hindle, president of the Professional Institute of the Public Service. The panel proposed a new structure, similar to that of the Canada Labour Relations Board, to streamline the handling of complaints and dramatically reduce the existing

backlog and delays in investigations. Under the existing system, the Canadian Human Rights Commission investigates a complaint and those it believes merit hearings are turned over to an independent tribunal.

The new system would send all complaints directly to the tribunal, whose operations would be greatly expanded. The tribunal, which could also help mediate a dispute, would operate similar to a court and would have a legal clinic to help any complainants. All complainants would be ensured "their day in court" and a complaint could be heard within a day and rarely beyond two or three months.

Raj Anand, a human-rights lawyer who long pressed for such a model, said it would improve the system and save money in the long run. The money the commission saves by getting rid of its investigation role would be turned over to the tribunal. "Let the commission do the roles that are more cost-effective and helpful to society and get them out of investigations, screening, and gatekeeping," Anand said.

Some question whether the new system would work because the disadvantaged filing complaints typically don't have the money to hire lawyers and would be outgunned by employers with money to fight these cases. The act, which covers the federal government and federally regulated industries, now prohibits discrimination on 11 grounds, including race, ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status or disability. The commission gets about 700 complaints a year and most on the grounds of sex, disability and race.

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On wearing a scarlet "T"

An incident that I had tucked away in a dusty mental file resurfaced recently, and got me thinking once again about a conundrum that affects all cross-gendered people. If you read the *Province* regularly, you will recall that a while back the paper ran an extensive feature on one Willow Arune entitled "*How Will Willow?*" Will had had an unusual history, including a traumatic incarceration in a foreign country, but the focus of the piece was on his/her subsequent gender transition.

To be honest, it seemed to me that Willow was all too eager to please the press and flaunt her new identity for all to marvel at. In my eyes, she exemplified those transsexuals who apparently want to go around in life with a figurative big red T on their chests. When I decided to write a letter to the editor of the *Province*, however, it was the editorial staff with whom I really took issue. I pointed out that there are a great many transsexual people in a city the size of Vancouver who have not had their story splashed across the pages of our favourite tabloid, and that a sex change was really not much of a story these days. I wondered (naively, I suppose) if it wasn't possible to profile some modest, productive, and comparatively quiet T-people to show the world that they, too, exist. I did use the terms "slight case of exhibitionism" and "ebul-

lient tranny" in referring to people like Willow, but that was about it.

When the letter was published in the op/Ed pages, Willow was upset enough to compose a quite lengthy letter to the editor of the *Zenith Digest*, though it was not published. (I was forwarded a copy via E-mail, but due to an incompatibility of computers, I was unable to download it in several attempts. Only recently did I request a copy in a form I could read, and hence my delay in dealing with it.) Willow's letter covered a number of issues, but I think it is fair, in the interests of brevity, to summarize her main points as follows:

- 1) She had originally been contacted as a follow-up to her misfortunes in Thailand, which had at one time been national news; she had not initiated contact with the press.
- 2) She felt that everyone had the right to find her own best path through transition, and if she liked being a "ham" and very public about her status, that was her right.
- 3) Who the heck was Jenny Mars to take umbrage at her personal choices?

Fair enough. In a way, I pondered, perhaps it is a good thing that some transsexuals enjoy being public figures. Those of us who wish to blend as seamlessly as possible into society probably benefit from the contrast: "Yeah, Jenny is tall and kind of big framed, but she couldn't be one of those, otherwise she'd be in the newspaper or on TV..." Seriously, though, does it help anyone coming out to his/her friends and family if the only reference they have for transsexuals are

those they have seen showing off in the media?

And therein lies the paradox: if we want to see broader understanding and acceptance of transpeople, we need intelligent, well-adjusted, and presentable people to step out and speak up. But why on Earth would people like that risk their careers, their friends, and their futures by going public? Conversely, those who revel in the spotlight are almost by definition rarely the representatives most of us would choose for ourselves. It is hard not to conclude that many have given up trying to blend in,

and attempt to make up for their loss with a degree of celebrity

The phenomenon affects even those of us who have slid fairly smoothly into our new lives, working and socializing with people who have no idea of our past, for how can we be certain that we will never be "outed," even if only by an innocent remark from a relative or old friend? What image of transpeople do we want an overhearing neighbour, client or employer to have when it happens?

A number of us have given our time to psychology and gender study classes at high schools, colleges, and university, in hopes of planting seeds of understanding in young people; that's probably a partial solution. Beyond that, I really don't have many ideas. I am pretty sure, though, that transsexuals who play into the exploitive and sometimes prurient interests of newspapers and television are, in the long run, doing no one a favour. I think most are going to realize that their proverbial "15 minutes of fame" are little more than that, and of questionable worth.

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From this side of the fence
by Jenny Mars

Mailbag - continued from page five

as it has been a long time in coming:

I enjoyed the piece by Gayle Roberts as I definitely agree in support groups needing some formality and structure. There is a sense of security in routine and predictability, and I am one who feels anxious the looser things are allowed to become. One of the things I believe to be an important requisite of any support group is that the people should be supportive. However here has been the odd person who is there seemingly to brag or to be competitive. They are not obviously negative people, and yet I have seen them have a negative effect on groups. It is good that people share their successes, and the positive things that happen to them with others. It is good to be able to laugh as well.

If that is all you seem comfortable with doing, you have a problem. If you respond to a person who tells of their own alienation with information about how popular you are, or how you do not have that problem, that person may feel alone and out of place. It is the same if you try to make a joke of everything, and I have seen people do that. I have had to become sharply aware of the distinctions between reality and fantasy in dealing with my situation.

The reality is that there is pain and hurt involved in transitioning for most people. If that pain becomes uncomfortable for some, they may interrupt someone speaking of it simply to deny their own pain, or blandly tell that person to be

happy. This only serves to make it harder for others to speak up. They lose trust to some degree to speak about their own problems. Listening sympathetically is an important virtue. What is easy for you to say may not be for others, and just because someone is different, one should not question his or her validity. I have stood up for, and stood up to, people in support groups. I have paid the price by looking petty or being misunderstood.

People should not be made to feel there is anything wrong with having problems, for being different, for being uncertain about surgery, or for not wanting to laugh at constant dull witted attempts to derail conversation. I understand enough about psychology to see that most people want to be accepted. They may deny truths about themselves in order to do so. That is why it is so important to establish trust.

When I do not relate to someone I hold my tongue, at least unless I am somehow specifically pressed to make a personal comment, which is unlikely. At the extreme end, imagine someone getting surgery because they have talked themselves into it, thanks to comments from others. I have heard many comments that surgery is what any true serious transsexual wants, and how anyone not eager at a moment's notice for it has problems.

People's seriousness in wanting surgery has often come up and it is to me a most ugly kind of personal insinuation. I get very angry at the people who say such things knowing the confusion that others listening may have. Sadly, I have to say I am wondering about those who have gone on to surgery and have expressed disappointment afterwards. If only we could have talked about it honestly and openly at a meeting! I am proud though, of the person who has been honest and said they were not ready for surgery and were still searching their soul, and I heard many awful things said about them for it, as well as a few about me for trying to be understanding!

Fantasy is what we need to shed in order to get through this. Support groups should be a place to be honest, not a place to impress others with how classically one fits the diagnoses or how successfully female you are.

I think transsexuality in all its forms is pretty profound and serious stuff. I love Audrey, the host of the current Victoria support group, and want her to continue, but am somewhat at odds with the informality of the meetings here. Can I say the fun stuff seems to be a bit too stressed? For a while I was wondering if the fantasy dress up themes had become the point of the group here, something I felt uneasy about, but have been told that the person who inspired the idea has since been rejected. I don't mind such people being there actually, but I do mind them running the group.

Perhaps you know how this person was in-

structing new people not to deal with the gender identity clinic, but perhaps you do not know how I stood up to this new know-it-all in genuine alarm for them breaking not just B.C. or Canadian rules, but incredibly, the international rules on receiving surgery! I am worried for them.

Afterward I was very depressed that I seemed to be the only one voicing objections to these ideas at the meeting, and angered by the way she encouraged others to diagnose themselves, see two psychiatrists once each and then go buy surgery. What lunacy! At the same meeting I spoke up to new people to let them know of my vocal chord surgery, and, in keeping with my theme of people behaving competitively, was interrupted twice by this person so they could make it known they had enough self-confidence that they wouldn't be interested.

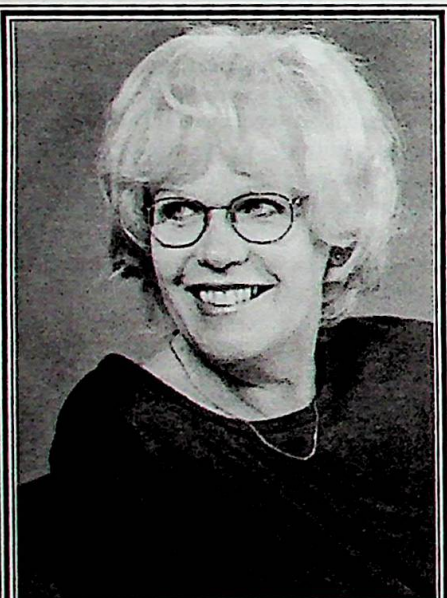
This is a great example I think of the kind of behaviour we must all become aware of. It implies that having vocal surgery is a weakness in that anyone confident wouldn't need it. I really have to wonder why such people do anything in order to pass, since they are so secure, or why they would have anything to do with such flawed creatures who would attend a support group.

Luckily some people did go on to get more information about it and were grateful even if they were afraid to let it be known in front of the others. Replace vocal surgery with wig perhaps, or hair removal... I have seen people brag or pretend to not have needed hair removal; what is their point? I could certainly be dishonest and pretend I had a naturally feminine voice all the time, but self-deception takes you in the wrong direction, and I genuinely want to help and support others in creating a solid reality.

Even had I been born with such a miraculous voice I am sensitive enough not to want to flaunt it. I am not the strongest person, and have only so much fight in me to help others and only so much space for allowing myself to be personally criticized. I have tried mightily not to get personal even when it hurt, but it is very frustrating and my life continues to be far too frustrating in general. Still, I would like to contribute.

I wish I could have made it to Vancouver for the dinner honoring Stephanie and Pat; along with Audrey they saved my surgery from getting accidentally delayed at the end, and possibly saved my life!

Rebecca Anne Jansen in Victoria
I would like to add that being TS is not like being in the girl guides, where you need to get all the "badges" to succeed. It is not some kind of contest where SRS is the end goal. People need to accomodate gender dysphoria in a way that works for them. -Ed



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Human rights on trial in Canadian Prisons

Part II

Good News! Since this piece was originally written, all parties have agreed on dates for continuation of the hearing before the Canadian Human Rights Tribunal. It will be resumed on April 2 and all being well an historic outcome is hopefully something to look forward to.

The other important requirement of the Kavanagh case was something that could be a benefit to all transsexuals in prison. It was in effect, a requirement that CSC modernize its

“Canada assured the U.N. that it was appointing an ombudsman and setting up an internal human rights bureau...”

rules governing transsexuals in the system bringing them into line with modern ideas on humanitarian and human rights requirements. That was the position in November 1999 when the Human Rights Tribunal tabled the matter for a further hearing which originally was to be held in January 2000 and then was put off, and put off again for various reasons. While delay suits CSC's head-in the sand personality as it puts off the evil day when they have to justify their position it is also a reflection on the fact that three lawyers are involved, one for the plaintiff and one each for CSC and the Tribunal and getting mutually acceptable dates worked out so that the hearing can be reconvened is difficult indeed. Added to the lawyers there are the three commissioners of the tribunal, support staff and two intervenors, one of which is Zenith and now a representative directly from CSC has been added.

In the latest flurry of activity things were slightly stirred up by me simply asking the Human Rights Commission in Ottawa when everyone would be getting their act together so that this important case could finally be laid to rest. I'm now past 75 and I can foresee this matter dragging on until I am 80 or more at the present rate of progress. It is one of many projects that I want to see completed while I am still alive. Among other reasons it would be a fitting compliment to Kathy Johnson.

Kathy is not likely to reap any benefit due

to health problems and the fact that she has been out of the system for some years, but it would certainly be nice for her to know that her pioneering effort in setting out her personal story was not entirely in vain. Much that she experienced and commented on has been born out by the experiences of others including. A report in the National Post a few days ago mentioned that in an audit done by the United Nations of the processes in various countries for dealing with Human Rights issues, Canada was found to be deficient. Evidently some 130 countries, including Canada, have signed an agreement by which their actions would be monitored according to a set of international ground rules. One deficiency concerned human rights abuses of prisoners in the federal prison system. According to the report, Canada assured the U.N. that it was appointing an ombudsman and setting up an internal human rights bureau to deal with prison issues.

The presence of an ombudsman is not new, in fact such a person has been around for a good number of years, probably since the appointment of ombudsman became fashionable sometimes as a way of sweeping problems under the carpet. The provincial ombudsman who deals with issues involving provincial government departments has been found to be effective based on past experience, but regrettably our experience with the CSC ombudsman has been less satisfactory. We took up a case a couple of years ago which appeared to be a clear matter of human rights abuse, but when the prisoner was interviewed by the ombudsman his memory genuinely failed him and the case was quickly closed. Whether it was some form of stage fright or simply a matter of a mental lapse we will never know. What was unsatisfactory from our viewpoint as the complainant on behalf of the prisoner was that the ombudsman failed in the usual manner of CSC to give proper closure to the case in its dealings with us.

When you deal with that organization you quickly gain the impression that you are dealing with a state within a state that operates outside of, or independently of the laws which govern everyone else. They seem to have all the powers of magicians in changing solid matter which one can get hold of, into something that turns to gas and evaporates before your eyes. Any notion that our country's constitution is paramount through the Charter of Rights and Freedoms tends to take a beating when CSC

Commentary

by Stephanie Castle



seems to find it convenient to ignore its principles.

However, the idea of forming a human rights bureau is interesting. Dare I suggest that the Kavanagh case might have had just a little to do with this situation? Organizations everywhere are catching onto the idea that human rights issues play a part in the operation of their business or organization including the fact that transsexuals do not become automatically unemployable because they finally decide to deal with their gender dysphoric condition. In fact employers are reporting no loss of positive employability factors and, if anything, an improvement because the affected individual once relieved of the stresses and anxiety which ride with the repressed condition functions far better with a contented state of mind, free of soul destroying depression.

If genuine the formation of a human rights bureau is a positive step. It will need administration by genuinely dedicated people and not a bunch of sycophants playing up to the prison gauleiters and others who represent the clout of ignorant prison authority in dealing with transsexuals in the system.

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La Belle Provence? - Not if you're transsexual!

It would appear that the Province of Quebec, one of the Provinces that pays for SRS, is not paying the entire cost of the surgery. Apparently the Province will only pay approximately \$1000 of the cost of surgery. This is one thing that helps explain why there is a long waiting list in Quebec for SRS. I know of no surgeon who will do the procedure for a measly \$1000. I don't even think there's a surgeon (reputable) that would even do breast augmentation for that price.

The other stumbling block for Quebec Transsexuals is the fact that few hospitals will allow the booking of SRS because of the lack of available operating rooms due to hospital closings. The one hospital in Montreal that will allow it, the Hotel Dieu Hospital, places SRS at the bottom of the priority list. Since this hospital has one of the few burn units in Quebec and one of the best in the country, the hospital is jammed with those cases.

Adding to this is that there is only one doctor covered by Quebec medicare that will do the surgery in the province. He hasn't done SRS in a long time, and his waiting list is long. One transsexual living in Hull was given a booking date of February 2000, only to have it rescheduled over and over and then the surgeon telling her she should look at other options. Quebec will not cover Dr.'s Menard and Brassard, as they operate out of their own private facilities. I cannot see why they cannot be paid, other provinces are now paying them, realizing that it's cheaper to pay them than to send patients to higher priced surgeons who aren't necessarily better.

It would appear that Quebec does not take us seriously, and is in danger of becoming another Ontario in that it may be de-listed in the near future. The clinic run through the Montreal General by Dr Assalian is covered by medicare, much like the

Clarke Institute in Toronto, but it seems neither province is willing to look at the issue of surgery seriously.

This bothers me, as I will be moving to Montreal in July. I'm not going to even consider going through Dr. A's clinic, they'd make me start over from scratch no matter how long I have been living full time or how long I've been on hormones. They

ther Dr. Brassard in Montreal or I will go to Kunaporn in Thailand. Unfortunately there are more transsexuals that cannot afford to pay for it than there are those who can.

There is one more injustice in Quebec that needs to be revealed. A Hull transsexual, a friend of mine, was taken to the Hull hospital a short time ago. She was told that they would not treat her because she is transsexual, and to go home. They wouldn't even let her use their phone, telling her to go to a local corner store. The problem: she was wearing her housecoat and was barefoot, and it was getting ready to rain. This girl is HIV positive, and cannot be exposed to the risk of catching pneumonia. When she discussed this with the hospital, they told her that it was her problem and not theirs. Later on she went

to legal aid to get help to battle this injustice, and was told that since she is transsexual they cannot help her, that she had to "go where the blacks go" to get help. Needless to say, this is a serious injustice. Refusing to treat a person because of their gender identity can have deadly serious implications. Hopefully she will get her justice, and when she does I will report on it here.

"...she was told (by Quebec legal aid) that since she is transsexual they cannot help her, that she had to 'go where the blacks go' to get help."

made that perfectly clear to me. They don't care what another doctor thinks outside of their clinic, it's their show or no show. I prefer to make my own show. I will now be saving the money necessary for my surgery and getting it on my own without the help of any clinic. (Montreal is cheap to live, and within a year or two I'll have completed saving the money). I will choose ei-

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Girl, 6, calls parents Mommy and Daddy, cautious in public (from page one)

"We live in a transphobic culture ... but it's clear that the test for custody and access is always the best interests of the child," said Ms. Radbord, who described the relationship between father and child in this case as amazing.

"The best thing for a child in any custody dispute is for both parents to have equal access," the father said in an interview. "If you actually love your child, that should be the issue. You're supposed to want what's best for your child."

In his ruling, Judge Wolder said the evidence showed a happy child who has positive relationships with both parents.

"Frankly, it is remarkable how little impact all this storm swirling about the parties has had this little girl," he said. "It appears from the evidence that [she] is a very well-adjusted, happy, healthy little girl, who in her own way has been able to accept the changes in her father and continues to enjoy a healthy relationship with her father, now a woman psychologically."

The child, who is six, uses both Mommy and Daddy to refer to her father, although she is cautious about using Daddy in public when people might overhear. The father says most people do not know she is genetically a man and believe she is a single mother: "I think right now it's easier for kids and society to deal with two moms than it is to deal with the whole trans issue."

Ms. Saliba and Mr. Forrester began living together in March, 1994. Their child was born in November of that year. Ms. Saliba testified it was a "perfect situation every woman would want in a husband." She said she wanted to marry Mr. Forrester, a daycare worker who did ironing at home and was a major caregiver for his daughter.

"Leslie prepared food for [her], read to her, did the morning and bedtime routine, and shared playtime with [her]. Leslie stayed up nights with her, with the parties taking turns comforting [her] to sleep," court documents say. "Most nights, it would end up that Leslie would have [the baby] on her chest until [she] fell asleep."

The couple separated in 1996 and agreed to equal custody.

In July, 1997, the transsexuality was revealed to Ms. Saliba. "There is no doubt that the disclosure of her transsexuality and of her wish to undergo a change of sex from male to female had a devastating impact upon [Ms. Saliba]," the judge said.

The custody case was launched in the spring of 1999, when it was clear the child's father was intent on living life as a woman.

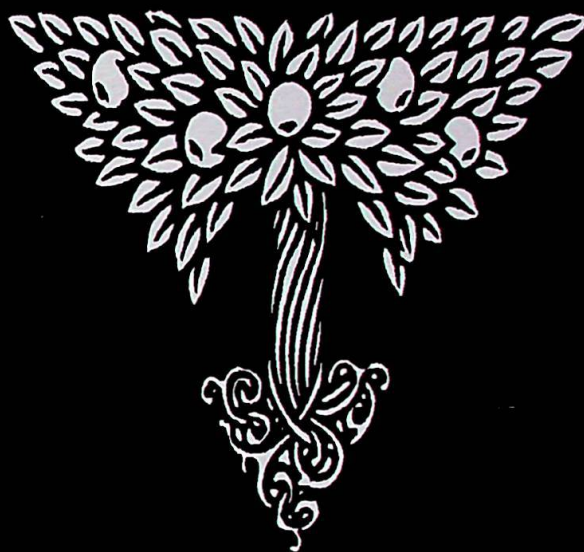
An initial access order prohibited the father from taking the child to "neighbourhoods known to be frequented by transsexuals." The stress in the relationship over the father's move from male to female did not appear to have an impact on the child, who was three years old when the process began, the court heard.

A psychological test found the child was free from any gender identity problems.

"She was so young that they don't really have a sense of their own gender so they're very open," said Ms. Radbord. "She's always known her father as a woman. It's all she's understood."

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